## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-29-2008</u>	Address:	<u>9 FIICKORY LN N</u>
Case #:	<u>141<sup>3</sup>8216</u>		CRAWFORDSVILLE, IN
County:	MONTGOMERY		<u>47933</u>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (a Residence Outbuilding	check all that apply)  Hotel/Motel  Open No Structure
Dumpsi	ite (only)	□ Vehicle	Other:
Items Found: Location (hedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: OPEN AIR			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): OUT BUILDING			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one)  Yes (number present)  No		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip	
	port to Child Protective Services	· <del>-</del>	AFFIC STOP
This report is to be faxed to the following agencies that serve the location:			
	ment: <u>CRAWFORDSVILLE</u> F <u>D</u>	Fax: <u>765-364-5177</u> Fax: 765-361-3239	
Health Department: MONT CO		Pax: $\frac{765-36}{765-36}$	
Child Proto	ction Service: MONT CO CPS		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>SGT. BRIAN CHESTERSON</u> Phone <u>765-362-3762</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.